

## TRANSMITTAL FORM

Application Serial Number	10/081,411
Filing Date	February 20, 2002
First Named Inventor	Schneur
Group Art Unit	3627
Examiner Name	Lynda C. Jasmin
Attorney Docket No.	EMT-003
Patent No.	Not applicable
Issue Date	Not applicable

### ENCLOSURES (check all that apply)

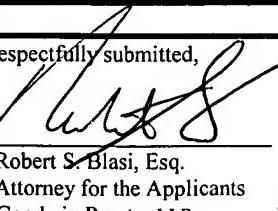
- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.)  | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application                                 | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences             |
| <input checked="" type="checkbox"/> Check No. _____ in the amount of \$395.00 attached  | <input type="checkbox"/> Formal Drawing(s)   | <input type="checkbox"/> Appeal Brief (in triplicate)  |
| <input type="checkbox"/> Copy of Fee Transmittal Form   | <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal (2 pgs.)             | <input type="checkbox"/> Status Inquiry  |
| <input checked="" type="checkbox"/> Amendment/Response (9 pgs.)   | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)                                      | <input checked="" type="checkbox"/> Return Receipt Postcard  |
| <input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings<br>[Total Sheets _____] | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 (1 pg.) |
| <input type="checkbox"/> Petition for Extension of Time   | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8                 |
| <input checked="" type="checkbox"/> Second Information Disclosure Statement (2 pgs.)  | <input type="checkbox"/> Small Entity Statement  | <input type="checkbox"/> Additional Enclosure(s) (please identify below)                           |
| <input checked="" type="checkbox"/> Second Form PTO-1449 (1 pg.)  | <input type="checkbox"/> CD(s) for large table or computer program   |  |
| <input checked="" type="checkbox"/> Copies of Certain IDS Citations (C6-C10)  | <input type="checkbox"/> Amendment After Allowance   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Request for Certificate of Correction   |  |
| <input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above                       | <input type="checkbox"/> Certificate of Correction (in duplicate)  |  |

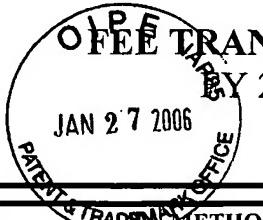
### CORRESPONDENCE ADDRESS

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Fax No.: (617) 523-1231  
Customer No. 051414

### SIGNATURE BLOCK

Date: January 25, 2006  
Reg. No. 50,389  
Tel. No.: (617) 570-1408  
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Respectfully submitted,  
  
Robert S. Blasi, Esq.  
Attorney for the Applicants  
Goodwin Procter LLP  
Exchange Place  
Boston, MA 02109



JAN 27 2006

Complete if Known	
Application Serial Number	10/081,411
Filing Date	February 20, 2002
First Named Inventor	Schneur
Group Art Unit	3627
Examiner Name	Lynda C. Jasmin
Attorney Docket No.	EMT-003

METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity      Small Entity Fee (\$ )      Fee (\$)      Fee Description      Fee Paid		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		130      65      Surcharge - late filing fee or oath 50      25      Surcharge - late provisional filing fee or cover sheet 130      130      Non-English specification 2,520      2,520      Request for ex parte reexamination 120      60      Extension for reply within first month 450      225      Extension for reply within second month 1020      510      Extension for reply within third month 1590      795      Extension for reply within fourth month 2160      1080      Extension for reply within fifth month 500      250      Notice of Appeal 500      250      Filing a brief in support of an appeal 1000      500      Request for oral hearing 400      400      Petitions to the Commissioner (Gp. I) 200      200      Petitions to the Commissioner (Gp. II) 130      130      Petitions to the Commissioner (Gp. III) 180      180      Submission of Information Disclosure Statement 790      395      Filing a submission after final rejection (37 CFR 1.129(a)) 790      395      For each additional invention to be examined (37 CFR 1.129(b)) 100      100      Certificate of Correction for applicant's error 130      65      Submission of Terminal Disclaimer Other fee (Specify)      Other fee (Specify)      Request for Continued Examination <hr/> 395.00		
FEE CALCULATION				
1. FILING/SEARCH/EXAM/SIZE FEES				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
300	Utility filing fee			
500	Utility search fee			
200	Utility exam fee			
250	Utility size fee (each add'l 50 pgs. over 100)			
200	Design filing fee			
100	Design search fee			
130	Design exam fee			
250	Design size fee (each add'l 50 pgs. over 100)			
Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =	x \$ 50.00 =		
Independent Claims	- 3 =	x \$200.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$360.00 =		
		TOTAL:		
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)		(\$ ) 0.00		
2. AMENDMENT CLAIM FEES				
Claims	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Remaining				
After Amend.				
Total	- =	x \$ 50.00 =		
Indep.	- =	x \$200.00=		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$360.00=		
		TOTAL:	(\$ )	
SMALL ENTITY DISCOUNT:		(\$ )		
SUBTOTAL (2)		(\$ )0.00		
CORRESPONDENCE ADDRESS				
Direct all correspondence to:				
Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414				
SIGNATURE BLOCK				
Date: January 25, 2006 Reg. No.: 50,389 Tel. No.: (617) 570-1408 Fax No.: (617) 523-1231  Respectfully submitted,  Robert S. Blasi, Esq. Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109				



*RK*

**PATENT**  
Attorney Docket No. EMT-003  
(120418/159594)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICANTS:** Schneur et al.

**SERIAL NUMBER:** 10/081,411                   **ART UNIT:** 3627

**FILING DATE:** February 20, 2002               **EXAMINER:** Lynda C. Jasmin

**TITLE:** AUCTION MANAGEMENT WITH BUSINESS VOLUME  
DISCOUNT

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25<sup>th</sup> day of January, 2006.

  
Alyson J. Lucas

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Submitted herewith are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. Check No. 970709 in the amount of \$395.00;
4. Second Information Disclosure Statement (2 pgs.);
5. Second Form PTO 1449 (1 pg.);
6. Copies of Certain IDS Citations (C6-C10);
7. Request for Continued Examination (2 pgs.);
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9. Return Receipt Postcard.